CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	Biopower Climate Care POME Biogas Capture and Utilization Project in Palong, Malaysia
Project / programme of activities reference number: *(if available)*	6939

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Rhodia Energy GHG		
Address: 25, Rue de Clichy, 75009 Paris France		
Party (country authorizing participation): France		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rosier		Telephone 1:
First name: Philippe		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kehren		Telephone 1:
First name: Philippe		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Rhodia Japan, Ltd.		
Address: Roppongi First Bldg. 1-9-9, Roppongi, Minato-ku, 106-8540 Tokyo Japan		
Party (country authorizing participation): Japan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kuwahara		Telephone 1:
First name: Makoto		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hirata		Telephone 1:

First name: Junji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Biopower Climate Care Sdn. Bhd.	
Address: Level 41, Vista Tower, The Intermark, 182 Jalan Tun Razak, 50400 Kuala Lumpur Malaysia	
Party (country authorizing participation): Malaysia	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Lee	Telephone 1:
First name: Jason	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ho	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):